

ATTACHMENT I: GLOSSARY OF HIV PREVENTION TERMS

Note: The definitions used here are specific to how the terms are used in CDC Funding Opportunity Announcement PS11-1113 “Human Immunodeficiency Virus (HIV) Prevention Projects For Community-Based Organizations”

Adaptation: The process of modifying an intervention without competing with or contradicting the core elements or internal logic. The intervention is adapted to fit the cultural context in which the intervention will take place, individual determinants of risk behaviors of the target population, and the unique circumstances of the agency and other stakeholders.

Application: A formal request to CDC for HIV prevention funding. The application contains a written narrative and budget reflecting the priorities described in the program announcement and the jurisdiction's comprehensive HIV prevention plan.

Behavioral data: Information collected from studies that examine human behavior relevant to disease risk. For instance, relevant behavioral data for HIV risk may include sexual activity, substance use, condom use, etc.

Behavioral intervention: See “Intervention.”

Capacity building: Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

CARE Act: See “Ryan White Treatment Modernization Act”.

Centers for Disease Control and Prevention (CDC): The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CLEAR: Choosing Life: Empowerment! Action! Results!: An evidence-based, health promotion intervention for males and females ages 16 and older living with HIV/AIDS or at high-risk for HIV. **CLEAR** is a client-centered program delivered one-on-one using cognitive behavioral techniques to change behavior.

Clinical Laboratory Improvement Amendment Program (CLIA): U.S federal regulatory standards for the accuracy, reliability and timelines of all clinical laboratory testing performed on humans except as a part of research. CLIA requires that any facility examining human specimens for diagnosis, prevention, treatment, of a disease or for assessment of health must register with federal Centers for Medicare & Medicaid Services (CMS) and obtain CLIA certification.

CLIA certificate of waiver: One of four types of certificates issued under CLIA, it is issued when tests have been approved by the FDA and are simple to use, require very little training to perform and are highly accurate. Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA Certificate of Waiver or establish an agreement to work under the CLIA Certificate of an existing laboratory.

Collaboration: Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Community Level Intervention (CLI): An intervention that seeks to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening only with individuals or small groups. This is often done by attempting to alter social norms, policies, or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

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Community Planning Group (CPG): The official HIV prevention planning body that follows the HIV Prevention Community Planning Guidance to develop a comprehensive HIV prevention plan for a project area.

Comprehensive HIV prevention plan: A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Community Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.

Comprehensive Risk Counseling and Services (CRCS, formerly PCM): An intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at *high risk* for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk.

Confidentiality: Ensuring that information is accessible only to those authorized to have access.

Confirmatory Testing: Additional testing performed to verify the results of an earlier (screening) test. For HIV diagnosis a Western blot or, less commonly, an immunofluorescence assay (IFA) are typically used, though additional more sensitive tests may also be considered.

Cooperative agreement: A financial assistance mechanism that may be used instead of a grant when the awarding office anticipates substantial federal programmatic involvement with the recipient.

Coordination: Aligning processes, services, or systems, to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments or structuring prevention delivery systems to reduce duplication of effort.

Counseling and Testing: A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.

Culturally appropriate: Conforming to a culture's acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

Demographics: Characteristics of human populations such as age, race, ethnicity, sex used to classify them for statistical purposes.

Effective: Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled than environments testing efficacy but that are still designed to ensure the desired effect can be attributed to the intervention in question.

Effective Behavioral Intervention (EBI): An intervention that meets the CDC's Research Synthesis criteria for best or promising evidence. These interventions have shown evidence of efficacy.

Ethnicity: The cultural characteristics that connect a particular group or groups of people to each other, such as people of Hispanic or Latino origin.

Epidemic: The occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.

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Epidemiology: The study of the causes, spread, control, and prevention of disease in human beings.

Evidence-based: Behavioral, social, and structural interventions relevant to HIV risk reduction that has been tested using a methodologically rigorous design, and have been shown to be effective in a research setting. These evidence (or science-based interventions) have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Faith-based organization: A faith-based organization is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

Funding Opportunity Announcement (FOA): A CDC announcement informing the public of the availability of funds to develop and implement programs that meet a public health goal; including a solicitation of applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.

Group-Level Interventions (GLIs): Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. Group-level interventions use peer and non-peer models involving a range of skills, information, education, and support.

Health disparity: is a particular type of health difference that is closely linked with social or economic disadvantage based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic

location, or other characteristics historically linked to discrimination or exclusion.

Health Education/Risk Reduction (HE/RR): Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

Health equity: A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.

High-prevalence setting: A geographic location, or community with an HIV seroprevalence greater than or equal to one percent.

High-risk individual: Someone who has recently engaged in HIV risk behaviors where there is a high probability of becoming infected with HIV (see HIV risk behaviors).

HIV prevention community planning (CPG): A group of local health officials, representatives from HIV-affected communities, and technical experts who share responsibility for developing a comprehensive HIV prevention plan for their community. The intent of the process is to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission and acquisition.

HIV medical care/evaluation/treatment: Medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

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HIV prevention counseling: An interactive process between client and counselor aimed at reducing risky sex and drug-injection behaviors related to HIV acquisition or transmission.

HIV risk behaviors: Persons likely to be at high-risk for HIV include, persons who have: had unprotected anal or vaginal sex with a person living with HIV, injected drugs with non-sterile, shared drug-injection equipment, had unprotected anal or vaginal sex in exchange for money or drugs, had unprotected anal or vaginal sex with more than one sex partner since their most recent negative HIV test, been diagnosed with a sexually transmitted disease (STD), and persons who have had unprotected anal or vaginal sex with anyone who had any of these risks.

Incentive: A type of reward as compensation for a person's time and participation in a particular activity, (e.g., voucher for transportation, food, money, or other small reward).

Incidence: The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly identified as HIV infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.

Indirect Costs: Indirect costs refer to general administrative costs associated with implementation of the program model. These are defined by CDC as allowable costs which cannot be readily identified with an individual project or program.

Individual-Level Interventions (ILIs): Health education and risk-reduction counseling provided for one individual at a time. ILIs help clients make plans for behavior change and ongoing appraisals of their own behavior and include skills-building activities. These interventions also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

Injection drug user (IDU): Someone who uses a needle to inject drugs into his or her body.

Internet Outreach: For the purposes of 11-1113 is defined as a virtual interaction between an HIV prevention professional, such as an outreach worker, and a person or persons at risk for HIV for the purposes of providing HIV related: health information and education, referrals and linkage to services, recruitment for testing and treatment, and support for reducing risk behaviors.

Intervention: A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

Jurisdiction: An area or region that is the responsibility of a particular governmental agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities. (For example, Jonestown is within the jurisdiction of the Jones County Health Department.)

Lead organization in a collaborative contractual partnership: For the purposes of PS11-1113 is defined as one organization that is the direct and primary applicant in a cooperative agreement program, but intends to formally collaborate through a contractual agreement with one or more additional organizations who will share in the proposed program activities. The lead organization must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Linkage: Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include: assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

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Local Health Department: A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.

Low-prevalence setting: A geographic location or community with a low HIV seroprevalence (or low incidence).

Management and staffing plan: A plan describing the roles, responsibilities, and relationships of all staff in the program, regardless of funding source. An organization chart provides a visual description of these relationships.

Medium/Moderate Risk Individual: Have a low perception of HIV risk, and are likely to have some difficulties with initiating or sustaining practices that reduce or prevent HIV acquisition.

Men who have sex with men (MSM): Men who report sexual contact with other men (that is, homosexual contact) and men who report sexual contact with both men and women (that is, bisexual contact), whether or not they identify as “gay”.

Metro Statistical Areas (MSA): a core area containing a large population nucleus together with adjacent communities having a high degree of economic and social integration with that core.

MSM/IDU: Men who report both sexual contact with other men and injection drug use as risk factors for HIV infection.

National HIV/AIDS Strategy (NHAS): is a comprehensive plan focused on: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

National HIV Monitoring and Evaluation (NHME) Data Set: The official database containing the full set of National HIV Prevention Program Monitoring and Evaluation data variables.

Outcome Evaluation: Collection of data about outcomes before and after the intervention for clients as well as a similar group that did not participate in the intervention being evaluated (i.e., control group); determines if the intervention resulted in the expected outcomes.

Outcome Monitoring: Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes and behaviors or access to services; service delivery; community or structural factors) in order to determine the extent to which program goals and objectives are being met.

Outreach: A process of engaging face-to-face with high-risk individuals in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by per or paraprofessional educators.

Partner Services (PS): A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Performance indicator: A program performance indicator (or measure) is a piece of information, fact, or statistic that provides insight into the performance of a program. It helps us understand progress toward specified outcomes, a jurisdiction's capacity to carry out its work, the activities it performs in carrying out its work, and the HIV prevention outcomes it is trying to achieve.

Personalized Cognitive Counseling (PCC): is an individual-level, single session counseling intervention designed to reduce high risk sexual behaviors among men who have sex with men (MSM) who are repeat testers for HIV.

Planned Number of Cycles: The number of times an intervention will be delivered in its entirety to the intended audience over the project period.

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Pre-Decisional Site Visit (PDSV): A PDSV is the second step in the review process of proposals received and considered for funding. It involves a site visit to the organizations that obtained the highest ranking during the Special Emphasis Panel assessment and/or qualified under the funding preferences identified in the FOA.

Prevalence: The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

Prevention activity: Activity that focuses on behavioral interventions, structural interventions, capacity building, or information gathering.

Prevention Case Management (PCM): See “Comprehensive Risk Counseling and Services (CRCS)”.

Prevention program: An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

Prevention services: Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other diseases. Examples of HIV prevention services include street outreach, educational sessions, condom distribution, and mentoring and counseling programs.

Priority population: A population identified through the epidemiologic profile and community services assessment that requires prevention efforts due to high rates of HIV infection and the presence of risky behavior.

Process monitoring: The routine documentation and review of program activities, populations served, and resources used in order to improve the program.

Process objectives: Key program activities or tasks required to achieving outcome(s), or the steps initiated or required to realize a desired result.

Program Services Collaboration Integration (PCSI): PCSI is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services. It promotes the use of new and innovative ways to collaborate and use resources wisely and efficiently, taking advantage of multiple disciplines, shared knowledge, and holistic approaches to health protection.

Project area: See “Jurisdiction.”

Qualitative data: Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.

Quantitative data: Numeric information -- such as numbers, rates, and percentages -- representing counts or measurements suitable for statistical analysis.

Race: A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Recruitment: The process by which individuals are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral.

Referral: Directing clients to a service in-person or through telephone, written or other form of communication, and is generally a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.

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Referral Follow-up: The method that will be used to verify that the client accessed the services to which he or she was referred.

Referral Outcome: The current status of the referral based on activities to verify that the service was accessed.

Relevance: The extent to which an intervention plan addresses the needs of affected populations in the jurisdiction and other community stakeholders. As described in the Guidance, relevance is the extent to which the populations targeted in the intervention plan are consistent with the target populations in the comprehensive HIV prevention plan.

Representation: The act of serving as an official member of the Community Planning Group and reflecting the perspective of a specific community. A representative should reflect that community's values, norms, and behaviors, and have expertise in understanding and addressing the specific HIV prevention needs of the population. Representatives also must be able to participate in the group and objectively weigh the overall priority prevention needs of the jurisdiction.

Risk Behaviors: Behaviors that can directly expose individuals to HIV or transmit HIV, if virus is present (e.g., unprotected sex, sharing unclean needles). Risk behaviors are actual behaviors in which HIV can be transmitted. Risk behaviors are behaviors in which a single instance of the behavior can result in a transmission.

Risk Factors : Factors based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group highly impacted by HIV, using old expired-date condoms, internet use, etc.). Influencing factors of behavioral risk refers to associations with risk or risk correlates and risk contexts, not behavioral determinants.

Rural: An area with a population of less than 2,500 located outside of a larger urban area.

Ryan White Treatment Modernization Act: The name given to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act when it was reauthorized in 2006. This is the primary federal legislation that addresses the needs of persons in the United States living with HIV/AIDS, and their families. The original CARE Act was enacted in 1990.

Seroprevalence: The number of people in a population who test HIV-positive based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

Science-based: See “Evidence-based.”

Single organization: For the purposes of PS10-1003, a single organization is defined as one organization that is the only applicant in a cooperative agreement program, who will be the sole provider of activities in their proposed program.

Social determinants: are the economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion.

Social Network: A social network is a map of the relationships between individuals, indicating the ways in which they are connected through various social familiarities ranging from casual acquaintance to close familial bonds.

Social Networking: A recruitment strategy in which a chain of referrals is based on high risk individuals using their personal influence to enlist their peers they believe to be high risk.

Structural interventions: Target factors outside the control of a single individual that impedes or facilitate personal efforts to avoid HIV infection (e.g., social, physical, cultural economic, policy, etc.).

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Substance abuse services: Services for the treatment and prevention of drug or alcohol use.

Surveillance: The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

Target populations: The primary groups of people that the applicant will serve. Target populations are defined by both their risk(s) for HIV infection or transmission as well as, their demographic characteristics, and the characteristics of the epidemic within this population.

Technical Assistance (TA): The delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, and evaluation of HIV prevention interventions and programs. CDC funds a National Technical Assistance Providers' Network to assist HIV prevention community planning groups in all phases of the community planning process.

Total Number of Clients: The total annual number of clients intended to be reached by the intervention in the Program Model period. If there are multiple target populations among those clients, then this number represents the sum of all clients combined.

Transgender - Female to Male (FTM): An individual who's physical or birth sex is female but whose gender expression and/or gender identity is male.

Transgender - Male to Female (MTF): An individual who's physical or birth sex is male but whose gender expression and/or gender identity is female.

Transmission risk: A behavior that places the priority population at potential risk for HIV acquisition or transmission.

Youth/Young people: Defined as persons who are 13 to 29 years of age.